CDC/HEALTH DEPARTMENT GRANT TESTING PLAN



DISTRICT NAME	
GRANT AMOUNT	
x 5% =	
DISTRICT ENROLLMENT	NUMBER OF INDIVIDUALS TESTED EACH MONTH
Example: All Individuals Tested* District student enrollmer	nt
•	or include students, teachers, faculty, aides, s, volunteers, lay coaches, contractors, etc.
GRANT CONTACT NAME	GRANT CONTACT TITLE
GRANT CONTACT EMAIL	GRANT CONTACT PHONE
Outline plans to test a minimum of 5 (maximum of 1.500 characters):	% of district enrollment through May 2023

HELPFUL RESOURCES:

Health Department Covid Grant Website with district, parent, and community resources Oklahoma State Department of Education Covid-19 website

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